

2014
APPLICATION TO OPERATE A PERMANENT
FOOD SERVICE ESTABLISHMENT
PERMIT YEAR IS APRIL 1ST THROUGH MARCH 31ST

FOOD SERVICE NAME AND LOCATION

MAILING ADDRESS

BUSINESS NAME: _____

NAME: _____

OWNER NAME: _____

ADDRESS: _____

STREET: _____

CITY: _____, STATE: _____, ZIP: _____

CITY: _____, ZIP: _____

BUSINESS PHONE: _____

Email: _____

DAY TIME PHONE: _____

Check all that apply

Permit Renewal Change of Ownership Change of mailing address Classification Change: _____
Change of Business Name Previous Business Name: _____

Are you interested in having an interpreter for on-site visits? If yes, what language? _____

A "Chain Food Establishment" is one of at least 15 establishments within the United States doing business under the same name, collectively having at least \$1 million in gross annual sales and offering substantially the same menu items (80% or more) by number, regardless if under the same ownership or type of ownership. Transfat and Menu Labeling information available at: www.kingcounty.gov/health/healthyeating

Does your establishment qualify as a "Chain Food Establishment"? Yes No

Notice: By signing this form, you attest to the accuracy of the information and that you will comply with the food code.

SIGNATURE: _____ **DATE:** _____

Call (206) 296-2966 if you do not receive a renewal application by February 28th. Be sure to renew your permit before it expires.

PAYMENT INFORMATION

See back of form for fee schedule and where to submit this application.

New! Now you can renew on-line at <http://www.kingcounty.gov/healthservices/health/ehs/portal.aspx>

Check if applicable:

New operation, date opened _____

Prorated Permit Fee \$ _____

Seasonal operation:

Late Fee \$ _____

Date of opening _____

Field Plan Review Fee \$ _____

Date of closing _____

Seating capacity _____

Total Due \$ _____

Check or Money Order, Payable to: **SKCDPH**

VISA Master Card Discover Card Number: _____ / _____ / _____ / _____

Card Billing Address: _____, City: _____ ZIP: _____

Card Expiration Date: _____ 3 Digit Code (on back): _____

Required Signature (as on Credit Card): _____

OFFICE USE ONLY

PR _____ FA _____ PE _____ PLAN REVIEW SR _____

VARIANCE SR _____ CHECK NUMBER _____ DATE FACILITY OPENED _____

INSPECTOR NAME (print) _____ SIGNATURE _____ DATE _____

Alternate formats available upon request.

Food Establishment Categories and Permit Fees 2014

Effective 1/01/14 - 12/31/14

PERMIT CATEGORY	Classification/Fee Risk 1	Classification/Fee Risk 2	Classification/Fee Risk 3
General Food service- 0-12 seats	6701 - \$350	6702 - \$583	6703 - \$808
General Food Service- 13-50 seats	6711 - \$354	6712 - \$591	6713 - \$852
General Food Service- 51-150 seats	6721 - \$362	6722 - \$621	6723 - \$911
General Food Service- 151-250 seats	6731 - \$376	6732 - \$635	6733 - \$965
General Food Service- over 250 seats	6741 - \$390	6742 - \$639	6743 - \$1,009
Limited Food service- no permanent plumbing	6757 - \$350	NA	NA
Bakery- no seating	6751 - \$350	6752 - \$583	6753 - \$808
Bed and Breakfast	6761 - \$350	NA	NA
Grocery Store- no seating	6765 - \$350	6766 - \$583	NA
Caterer	6771 - \$350	6772 - \$583	6773 - \$808
Meat/Fish Market	NA	NA	6777 - \$657
Vending Machine	6775 - \$350	NA	NA
Mobile Food Unit	6781 - \$350	6782 - \$583	6783 - \$808
Mobile Food Unit Commissary	6784 - \$151	6785 - \$241	6785 - \$241
Nonprofit Institution - unlimited seating, 501 (C)(3) status, Washington State Commission for the blind status, or municipal jail.	6735 - \$350	6736 - \$583	6737 - \$808
School Lunch Program	NA	6792 - \$466	NA

PLAN REVIEW FEES

New Construction	4 hour base fee (\$804) + \$201/hr after 4 hours
Remodel	3 hour base fee (\$603) + \$201/hr after 3 hours
Multiple plan review in one facility	3 hour base fee (\$603) + \$201/hr after 3 hours
Resubmitted plan review-billable	\$201/hr
Subsequent preoccupancy or field plan review	2 hour base fee (\$402) + \$201/hr after 2 hours
Changes to Mobile and Limited Food Service Establishments	\$402 +\$201/hr after 2 hours

PRORATION SCHEDULE

Operating 4 or fewer months	25% of annual permit fee
Operating more than 4 and up to 7 months	50% of annual permit fee
Operating more than 7 and up to 10 months	75% of annual permit fee
Operating more than 10 months and up to 12 months	100% of annual permit fee

LATE FEES

Annual permits 10-30 days	10% of annual permit fee
Annual permits 31 days – 60 days	20% of annual permit fee
Annual permits more than 60 days	30% of annual permit fee
Seasonal permits	\$25

MISCELLANEOUS FEES

Duplicate permit	\$25
Facility Name Change (with no other changes)	\$25
Request for variance	\$154
Check returned by bank	\$25
Processing a refund	\$25
After hours inspection	Cost of service

MAKE CHECKS PAYABLE TO: SKCDPH

MAIL TO: Public Health – Seattle & King County
Downtown Environmental Health
401 - 5th Avenue, Suite 1100
Seattle, WA 98104

PERMITS AND LICENSES PHONE: 206-263-9567 Fax- 206-296-0189**WEBSITE: <http://www.kingcounty.gov/health/foodsafety>**